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## BIB DATA SHEET

CONFIRMATION NO. 5272

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/784,117	02/20/2004	600	3735	15872.126
<b>RULE</b>				
<b>APPLICANTS</b> Ilan Ben-Oren, Jerusalem, ISRAEL; Julian Daich, Jerusalem, ISRAEL; Ephraim Carlebach, Ra'anana, ISRAEL; George Yariv, Jerusalem, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/IL02/00702 08/22/2002 which claims benefit of 60/314,346 08/23/2001 and claims benefit of 60/392,514 06/28/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 05/14/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROBERT L NASSER/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 70
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> FENNEMORE CRAIG 3003 NORTH CENTRAL AVENUE SUITE 2600 PHOENIX, AZ 85012 UNITED STATES				
<b>TITLE</b> Management of gastro-intestinal disorders				
<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	